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TO: Attn: Examiner Atia K. Syed
U.S. Patent and Trademark Office
Group Art Unit: 4185

FROM: Michael K. O'Neill (Reg. No. 32,622)

RE: U.S. Patent Application No.: 10/570,770
Atty. Docket No.: 03500.521604

FAX NO.: (571)273-8300

DATE: January 28, 2009

NO. OF PAGES: 8
(including cover page)

TIME: 6:26 pm.

SENT BY: Dawn M.

MESSAGE

Transmitted herewith is a Response To Office Action & Request For Interview with Transmittal.

I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office at (571) 273-8300, on

January 28, 2009
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Michael K. O'Neill (Reg. No. 32,622)
(Name of Attorney for Applicants)

Signature

January 28, 2009
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In re Application of:

TAKEAKI ITSUJI, et al.

Application No.: 10/570,770

Filed: March 7, 2006

For: METHOD OF IDENTIFICATION OF LIVING
BODY AND APPARATUS FOR IDENTIFICATION
OF LIVING BODY

Docket No. 03500.521604.

Examiner: Atia K. Syed

Group Art Unit: 4185

Confirmation No.: 5252

January 28, 2009

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 13	MINUS	** 20	= 0	x \$26 \$52	0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$110 \$220	0
Fee for Multiple Dependent claims \$195°/\$390						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--						0

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January 28, 2009
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Michael K. O'Neill (Reg. No. 32,622)
(Name of Attorney for Applicant)

Signature

January 28, 2009
Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

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FCHS_WS 2797256v1